2: Hickinbotham G-4, 5 (ca. 1931-ca. 1957)
1958 MM1 Aden MM1

teachers to supplement and to train local talent and theirs was a happy choice, but unfortunately when men were wanted for States in the Western Protectorate no more were available. The Sudan could use every competent teacher in her own schools and was disinclined to release men for us even if they had been prepared to come, which was improbable.

The only solution was to make the most of local talent and this was done by Teacher Training Classes organized by the Director of Education in the Colony. The scheme is working well, but the demand for more and more men grows annually as that infectious disease, education, spreads rapidly through the whole of the Protectorate.

I am not writing a textbook and therefore I must keep away from figures as much as possible, but a few cold and concrete facts can often tell a story more clearly than pages of literary effort. This is so in the case of the Health Service. Twenty-five years ago nothing had been done and no real effort was made until after the World War. In 1936 there were five hospitals with a total of one hundred and ten beds, two of which were also Health Service Training Centres, and fifty-five Health Units or Dispensaries, as well as three Mission Clinics, and the States were spending at the rate of £28,000 a year compared with the United Kingdom contribution of £33,000 a year. I am afraid it does not sound very much, but it was in fact a tremendous advance. It sounds pitifully small when one realises that at the same time the Colony was spending £250,000 a year on their Health Service, to say nothing of the "Queen Elizabeth II" Hospital which will probably cost a million and a half pounds before it is completed. In fairness, however, it must be stated that the Colony Hospital was open to serious cases from the Protectorate just as the Aden College and Technical Institute had special facilities for Protectorate boys.

For many years the only medical assistance and treatment that the Protectorate people could obtain was from the Medical Officers of the Royal Air Force, and only then if they were close to a landing ground, and from the staff of the Keith Falconer Mission Hospital at Sheikh Othman who were always willing to travel into the Protectorate to care for the sick. Then

Aden

• 748
178 a few years ago there came into being the Protectorate Health Service which owes much to Dr. N.L. Corkill, M.M., M.S.M., M.D., who came with me to Al Qara. Health Units have been built on standardised lines in all the States where they did not previously exist; and from money contributed by the Fadli and Lower Yafa States, a hospital has been built on the boundary between these two States in a central, though rather wind-swept, position reasonably easy of access to the people of the Abiyan plain. In Mukalla there is another hospital and up in the Wadi Hadhramaut are two small hospitals at Shibam and Seiyun.

759 The Health Assistants are trained in simple medicine and hygiene at the Fadli-Yafa hospital or in Mukalla and then go to one of the Health Units where, not only do they attend to surgery patients, but also tour the neighbouring villages and are responsible for reporting any outbreak of an infectious disease that may come to their notice to their headquarters in Aden or Mukalla, depending on which part of the Protectorate they are serving.

744 Anti-malarial measures and Public Health work are also
164 the responsibility of the Health Service and the decrease in the incidence of malaria and other mosquito and fly-borne diseases since the inception of the Service, is remarkable. At the same time and within the limits imposed by inadequate staff, attention is being paid to the general health of school children with particular emphasis on diseases of the eye. With adequate funds and personnel it would be possible if not to eliminate completely so to reduce trachoma that impaired vision and blindness from this cause would be a rarity rather than, as it still is today, all too common.

743 Today, as in the past, the Royal Air Force is always ready to
648 fly Medical Officers into the Protectorate to deal with casualties in inter-tribal scrimmages or to attend to the desperately ill who are beyond the reach or the capacity of the Health Assistants, and there are many tribesmen and women who owe their lives to the Royal Air Force. Stretcher cases from the remotest areas are flown to hospital in Aden and no call for help is ever unanswered because the sender was too humble or

2: Hickinbotham G-4, 5 (ca. 1931-ca. 1957)
1958 MMI Aden MMI

the message was not sent through the proper channels. There is none of that nonsense. Too often are we in the West inclined to connect the Royal Air Force with destruction and death alone, bombing and rocketing and such-like punitive measures, but the tribesman in the Protectorate does not make that mistake. He is only too well aware of the other side of their work—the humane side—which is the least spectacular and seldom achieves the headlines in the daily papers in this country. The tribesman has seen the doctor arrive by air to tend the wounded and the sick, he has seen sick relatives borne off to hospital and he has seen food dropped from 'planes to the starving people in famine areas, and he does not always forget a kindness.

The most humanising and pacifying influence which any administration can exert is to encourage the construction of roads through previously inaccessible territory, and I was very keen on providing the Protectorate with as many good roads as possible, thereby following the excellent example of my predecessors and that great philanthropist Saiyid Sir Abu Bakr Al Kaff, K.B.E. who, at his own expense, to the tune of more than £1,000,000, constructed the first motor road from the Wadi Hadhramaut to Mukalla, thus linking the Wadi directly with the sea for the first time. Later, a second road was constructed farther to the east with funds provided by the Colonial Development Fund, and in the Western Protectorate the Aden-Dhala road was improved and plans made and funds earmarked to build a road from Aden to Beidha in the Yemen via Abiyan and up the great Audhali escarpment, and to improve the existing Aden-Yemen road through Lahej.

It was one thing to plan a road, to find the money for its construction and carry out the actual work, but it was quite another to ensure the safety of travellers along the new road. A lorry can carry several tons and a camel only three hundred pounds, so that one medium-sized lorry was equivalent to more than a dozen camels. Lorries average 20 miles an hour even on a bad road and can travel continuously day and night, while the camel can only manage 2½ miles an hour, and even less when heavily laden, and has to be given adequate rest. The

S.O. Bib., Colonial Office (C-3 (1938)) 1949 MGE Aden MMS

III.—POPULATION

164 According to the census of 1931, the total (civilian) population of the Aden Settlement was 45,992. This excludes the military forces and the population of Perim.

165. The following table shows the population distribution by race and sex :—

No.	Race.	Sex.	
		Males.	Females.
1.	Arabs	18,488	10,540
2.	Indians (Residents)	5,878	2,303
3.	Somalis	4,039	2,337
4.	Indians (Visitors)	1,681	818
5.	Jews	1,114	1,118
6.	Parsis	63	56
7.	Native Christians	330	177
8.	Europeans	913	39
	Total	28,180	17,810

The marked disproportion between the numbers of males and females is due to the fact that most of the Arabs of the trade and labouring class from the interior come to Aden without their women-folk.

IV.—HEALTH

166 The staff of the Medical Department in Aden consists of the Senior Medical Officer, a Civil Surgeon, two Resident Medical Officers and eight Assistant Medical Officers. There is a fully-qualified Lady Doctor attached to the Civil Hospital in Crater. The Senior Medical Officer is also Port Health Officer and has charge of the European General Hospital. There is also a Medical Officer of Health with an adequate subordinate staff.

167 The two Government hospitals are the European General Hospital at Steamer Point and the Civil Hospital in Crater. The nursing staff of these institutions is maintained from funds provided by the Government of the Colony and the Prince of Wales's Aden Nursing Association in approximately equal proportions. The Prince of Wales's Aden Nursing Association is a charitable organisation with invested funds raised originally by voluntary subscription, and the Association issues appeals to the public from time to time to supplement the amount of money available from interest on its investments.

168 Two dispensaries in charge of Assistant Medical Officers at Maala and Sheikh Othman respectively cater for the minor ailments of the local population in these districts, and serve as clearing stations

Brit. Mus., Colonial Office C-3 (1938) 1940 MMI Aden MMI

for the more serious cases which are transferred to the Civil Hospital. One Assistant Medical Officer is stationed on Perim Island where there is a small dispensary, with limited accommodation for in-patients.

The Keith Falconer South Arabia Mission has a large and well equipped hospital at Sheikh Othman staffed normally by two European doctors and a European nursing staff. Other charitable institutions are two dispensaries, one maintained by public subscription with a Government subsidy and the other supported entirely by the prominent Parsi firm of Messrs. Cowasjee Dinshaw & Brothers.

The Royal Air Force hospital meets the medical requirements of the British Forces in Aden.

There are several dentists practising in the Colony, and the Royal Air Force has a fully qualified dentist, who is permitted private practice.

A total of 19,141 out-patients, and 2,366 in-patients received treatment during the year 1938 in the two Government hospitals, and, excluding the Royal Air Force hospital, but including other hospitals and dispensaries, a total of 67,694 out-patients and 3,872 in-patients were treated in the Colony during the year 1938 as compared with 60,169 and 3,206 in 1937.

The general health of Aden has remained satisfactory throughout the year. Many of the insect-borne diseases commonly found in tropical and subtropical countries are absent and, although a mild intestinal infection is very common, serious diseases such as typhoid fever and dysentery are rare. 1,292 cases of malaria were treated in the hospitals. From the investigation of the histories of these it was proved that all except 87 were due to infection acquired outside the Colony: all these cases were among service personnel resident in the leased military area. The 12 cases of typhoid reported during the year show an increase on previous years, which is probably due to increased care taken in confirming the diagnosis of prolonged fevers. Minor outbreaks never assumed epidemic proportions, and in all cases water and milk supplies were examined and cleared from suspicion.

There is a leprosy hospital at Sheikh Othman supported partly by the Government of Aden and partly by Aden Settlement funds and administered medically by the staff of the Keith Falconer South Arabia Mission. Here again the Colony of Aden acts as the kind sister to her neighbours, as almost all the patients hail from the interior.

There has been no epidemic of major infectious or contagious diseases during the year. Chickenpox, measles and mumps crop up from time to time and are treated in the Infectious Diseases Hospital on Maala plain.

S.Gr. Brit., Colonial Office G-3 (1939) 1340 1941 Aden 1941

743 A small Lunatic Asylum is situated outside the walls of the Civil 758 Hospital and is administered from it.

[744] The Port Health work is a very important feature in the medical and sanitary organisation of the Colony. The proximity of Aden by sea to ports which are subject to periodic infections makes the careful inspection of vessels a vital matter, and in addition the services of the Port Health Officer are in constant demand to assist the masters of the many cargo ships which use the port and carry no doctor. Passengers and members of the crews requiring hospital treatment are accommodated in the European General Hospital, or, if the illness is an infectious one, in suitable isolation. A few cases of chickenpox and three cases of modified smallpox were landed from shipping during 1938.

743 In the European General Hospital 66 residents of Aden and 155
744 patients from ships were treated as in-patients during the year. In all 23 different nationalities were represented.

During 1938, 2,178 Bills of Health were issued to mechanically propelled vessels and 1,609 to native craft.

V.—HOUSING

General

342 Houses in Aden are of stone masonry, except at Sheikh Othman
647 where they are mostly built with sun-dried bricks.
656 The control of housing in Aden is vested in the Executive Committee of the Settlement, and plans for new buildings and reconstructions are passed by them after scrutiny by the Medical Officer of Health and the Settlement Engineer.

Particular attention is paid to efficient lighting and ventilation. Each residential building is provided with sanitary and kitchen accommodation separated from the living rooms by open court-yards or by large shafts open to the sky.

Most of the houses are provided with floors made of cement-concrete; this is insisted upon in all new buildings, and the height of the houses is never allowed to exceed the width of the streets.

Back-to-back houses are not allowed; a few still exist in the village of Maala, but these are being demolished as opportunity occurs.

[514] At the rear of all houses there are open spaces from 5 ft. to 20 ft.
364] wide. They are called sweeper passages, and the sanitary accommodation of the houses abuts on to these spaces and is drained into them. Each such passage is connected with the main drainage system in all divisions of the Settlement except Maala, where it is connected with a large soak pit.

Every building plan is carefully scrutinised by the Public Health Department before construction is allowed.

4-Gr. Bill. Colonial Office G-8 (1937) 1939 M342 Aden M841

Military Garrison.

701 The Military Garrison of the Colony is under the immediate command of an Air Officer Commanding and consists of Air Headquarters with its various departments, Headquarters Royal Artillery, 9th (Minden) Heavy Battery, R.A., 20th (Fortress) Company, R.E., No. 8(B) Squadron, R.A.F., a Section of Armoured Cars and the Aden Protectorate Levies. Air Headquarters, the Royal Artillery, the Royal Engineers and the Section of Armoured Cars are stationed at Tawahi (Steamer Point), while No. 8(B) Squadron, R.A.F. is at Khormaksar and Sheikh Othman.

There is a Naval Office (H.M.S. *Norfolk* III) in charge of the Naval Officer-in-Charge who also exercises general control over the Naval wireless station at Khormaksar.

III.—POPULATION.

161 According to the census of 1931, the total (civilian) population of the Aden Settlement was 45,992. This excludes the military forces and the population of Perim.

162 The following table shows the population distribution by caste and sex:—

No.	Caste.	Sex.	
		Males.	Females.
1	Arabs	18,388	10,341
2	Indian Mohammedans	2,829	2,393
3	Somalis	2,070	2,107
4	Hindoos	1,990	610
5	Jews	1,114	1,006
6	Parsis	236	96
7	Native Christians	339	207
8	Europeans	213	39
	Total	28,181	17,811

167 The total numbers of males and females show a marked disproportion, the males being 28,181 in number, whereas the females are only 17,811. This is due to the fact that most of the Arabs of the trade and coolie class from the interior come to Aden without their women folk.

IV.—HEALTH.

714 The staff of the Medical Department in Aden consists of the Senior Medical Officer, one Civil Surgeon, two Resident Medical
713 Officers and eight Assistant Medical Officers. There is a fully-qualified Lady Doctor attached to the Civil Hospital in Crater. The Senior Medical Officer is also Port Health Officer and has charge of the European General Hospital. There is also a Medical Officer of Health with an adequate subordinate staff.

Adn. Brit., Colonial Office C-3 (1937) 1939 MMI Aden MMI

The two Government hospitals are the European General at Steamer Point and the Civil Hospital in Crater. The nursing staff of these institutions is provided for from funds made available by the Government of the Colony and the Prince of Wales's Aden Nursing Association in the proportion of approximately half and half. The Prince of Wales's Aden Nursing Association is a charitable organization with invested funds raised originally by voluntary subscription, and the Association issues appeals to the public from time to time to supplement the amount of money available from interest on their investments. Two dispensaries in charge of Assistant Medical Officers at Maala and Sheikh Othman respectively cater for the minor ailments of the local population in these districts and serve as clearing stations for the more serious cases which are transferred to the Civil Hospital. One Assistant Medical Officer is stationed on Perim island, where there is a small dispensary with limited accommodation for in-patients.

The Keith Falconer South Arabia Mission have a large and well-equipped hospital at Sheikh Othman staffed normally by two European doctors and a European nursing staff, and other charitable institutions are two dispensaries, one maintained by public subscription with a Government subsidy and the other supported entirely by Messrs. Cowasjee Dinshaw and Brothers.

The Royal Air Force hospital meets the medical requirements of the British forces in Aden.

There are several dentists practising in the Colony, and the Royal Air Force have a fully-qualified dentist, who is permitted private practice.

A total of 16,636 out-patients and 2,213 in-patients received treatment during 1937 in the two Government hospitals, and excluding the Royal Air Force hospital, but including the other hospitals and dispensaries, a grand total of 60,069 out-patients and 3,206 in-patients were treated in the Colony.

The general health of Aden has remained satisfactory throughout the year. There is a pleasing absence of the many insect-borne diseases commonly found in tropical and sub-tropical countries, and although a mild intestinal infection is very common, the more serious disease, such as typhoid fever and the dysenteries are gratifyingly rare. A number of cases of malaria appear in the returns, but all of these are imported from the Protectorate or other places outside the Colony, not one single case having been contracted locally.

There is a leprosy hospital at Sheikh Othman, partly supported by the Government of Aden and partly by the Aden Settlement funds and administered medically by the staff of the Keith Falconer South Arabia Mission. Here again the Colony of Aden acts as the kind sister of her neighbours, since the great majority of the patients hail from the interior.

There has been no epidemic of the major infectious or contagious diseases during the year. Chickenpox, measles and

S.O. Bnl. Colonial Office C-2 (1937) 1939 MMS Aden MMS

outbreaks occur from time to time and are treated in the infectious diseases hospital on Maala plain.

A small lunatic asylum is situated outside the walls of the Civil Hospital and is administered from it.

The port health work is a very important feature in the medical and sanitary organisation of the Colony. The proximity of Aden by sea to ports which are subject to periodic infections makes the careful inspection of vessels a vital matter, and in addition the services of the Port Health Officer are in constant demand to assist the masters of the many cargo ships carrying no doctor which use the port. Passengers and members of the crew requiring hospital treatment are accommodated in the European General Hospital or, if the illness is an infectious one, in suitable isolation. It is usual to have patients of four or five different nationalities, European and Eastern, in the wards at the same time, which is a compliment to the hospital and indicative of the service it renders to shipping, but tests very thoroughly the linguistic capabilities of the staff.

During 1937 1,274 bills of health were issued to mechanically-propelled vessels and 1,222 to native craft.

V.—HOUSING.

General.

Houses in Aden are of stone masonry, except at Sheikh Othman where mostly they are built with sun-dried bricks.

In every case particular attention is paid to efficient lighting and ventilation. Each residential quarter is provided with proper sanitary accommodation and kitchen which are suitably detached from the living-rooms by large and open court-yards or by large shafts open to the sky.

Most of the houses are provided with floors made of cement-concrete; this is insisted upon in all new proposals, and the height of the houses is never allowed to exceed the width of the streets.

Back-to-back houses are not allowed; a few still exist in the village of Maala, but these are being eradicated as opportunity occurs.

At the rear of all houses there are open spaces from 5 ft. to 10 ft. wide. They are called sweeper passages, and the sanitary accommodations abut on to these spaces and drain into them. Each such passage is connected with the main drainage system in all divisions of the Settlement except Maala, where it is connected with a big soak-away pit.

With these aims every building plan is carefully scrutinised by the Public Health Department before it is allowed to be constructed.

Most of the dwelling-houses within the Settlement limits are well ventilated and lighted and are satisfactory from a public health point of view. Endeavours are being made to effect an improvement in the architectural standard of the buildings.

R.G.S. Brit., Colonial Office G-8 (1947) 1949 MAG Aden 1948

culties in providing buildings and staff successfully limited the rate of expansion. One of the main features of educational development during the year was the successful conversion of buildings to house the expanded Government Secondary School. The release of classrooms previously used by the Secondary School enabled the Primary School to take in a greater number of pupils. Another satisfactory development during the year was the institution of a teacher-training course at the Government Girls' School, Crater. The lack of local teacher-training facilities for male teachers was met by sending abroad a number of students to obtain higher qualifications in the teaching profession.

The year in general was a period of consolidation, but progress was made in all Government schools. This progress was also reflected in some of the grant-aided schools. In particular, the Gujerati School Committee were granted a site for their new school and plans for this were begun. The cost of the building and the recurrent expenditure will be subsidised in part by Government.

Medical and Health Department

The accommodation at the Civil Hospital was filled to capacity throughout the year.

The new appointment of an officer with specialist experience in venereal and skin diseases has proved most beneficial to the community.

Besides a marked improvement in the treatment of social diseases, the cure of ulcer cases—hitherto a difficult matter—received special attention, with the result that the overcrowded ulcer ward with its heavy quota of apparently incurable cases is now a thing of the past.

The treatment of pulmonary tuberculosis continued to yield excellent results. Lack of hospital accommodation has been overcome, in part, by the institution of domiciliary treatment.

The granting of facilities for post-graduate study has already proved its worth. One Senior Assistant Medical Officer was made a Fellow of the Royal College of Surgeons of Edinburgh and another obtained the Diploma in Tropical Medicine of Calcutta, coming second in the list of candidates.

The increase in the work of the Maternity and Child Welfare Clinic shows that it meets, as far as it can, a vital community need. A reduction in the distressingly large numbers of infants who die before reaching the age of 12 months must be the main object of the Clinic's activities. The next most important point is the raising of the standard of midwifery. A course of instruction, followed by an examination, was instituted for local midwives.

Public health measures continued to be vigorously applied. No case of serious communicable disease occurred during the year.

A heavy burden was laid upon the Port Health Staff by the outbreak of cholera in Egypt. All possible precautions were taken to prevent the entry of cholera here and the staff undertook much additional work.

The installation of the electro-therapeutic apparatus at Steamer Point was an important addition to the facilities for treatment, and the Colony

Col. Bkt., Colonial Office G-3 (1947) 1948 MOG Aden 49.81

take shape. The appointment of an Assistant Medical Officer with special knowledge of venereal and skin diseases was a definite step forward in the campaign against social diseases. It has now been possible to organise better treatment for both in-patient and out-patient venereal-disease cases at the Civil Hospital.

In addition, systematic treatment of tropical ulcers was started, with the result that the hitherto overcrowded ulcer ward was markedly improved owing to the reduction in the time needed to effect a cure.

The Civil Hospital staff was strengthened by the appointments of a Medical Officer with laboratory experience, a Surgical Specialist, and a Radiologist.

The installation of a new X-ray plant, the construction of a much-enlarged laboratory, the erection of a new 44-bed ward for pulmonary tuberculosis and an additional operating theatre were all completed during the year.

With the exception of pulmonary tuberculosis, all the principal causes of death showed a general decrease, though the death-rate exceeded that of 1946. This was due to the deaths during the civil disturbances.

The number of deaths from pulmonary tuberculosis rose from 191 in 1946 to 241. The reason for this was more accurate diagnosis due largely to increased X-ray examinations. Over 1,000 such examinations were made during the year, compared with an annual average of 20 to 30 before 1945.

As a result of the disturbances in December no cases could be accommodated in the new tuberculosis ward, which had to be used for emergency purposes. A severe shortage of beds led to the institution of domiciliary treatment and the monthly average of cases visited in their homes was between 50 and 60. Apart from the fact that a surprisingly large proportion of cases showed improvement, this extension of anti-tuberculosis activities was of public health importance as it was possible to teach simple hygiene in the homes.

The civil disturbances in December threw a tremendous burden upon the staff and resources of the Civil Hospital. The fact that the administration successfully stood the test of the sudden admission of scores of severely wounded cases reflected great credit on the staff, particularly upon the locally trained members who rendered loyal and efficient service.

Attendance at the Maternity and Child Welfare Clinic continued to increase and there is no doubt that the instruction given at the various out-patient clinics is beginning to have an important effect on a community which has been, until quite recently, completely ignorant of the principles of mothercraft.

During the last quarter of the year, the outbreak of cholera in Egypt caused a big increase in the work of the Port Health staff. Not only had strict supervision to be exercised over all entrants from infected ports but a large number of in-transit passengers and crews had to have anti-cholera inoculations before proceeding to Egyptian ports. No case of cholera, or of any of the other quarantinable diseases, occurred.

G.Gt. Brit. . Colonial Office C-2 (1948) 1950 MMI Aden pA M1

general public began to take an interest also in this journal and arrange- 875
ments were made for its public sale.

The deliberate action in sending useful men away on scholarship was to some extent offset by work done at the monthly meetings of teachers; but the standard remained low and will do so until men return to the schools from training locally and in the United Kingdom.

The first annual vacation course took place in August. All Colony teachers attended with many from grant-aided schools and some 20 men from the Western Aden Protectorate. The course concentrated on handwork of many kinds, and the fortnight was one of enthusiasm, hard work and pleasurable contacts.

Adult Education. The evening class for some 40 Arab women con- 873
tinued to meet in the Government Girls' School once a week, and girls of over school age met twice a week. Dressmaking and needlework were rather more popular with the adults, whilst the girls preferred Arabic. All these classes were conducted as before by the British Principal.

The Aden Commercial Institute provided evening instruction as usual in commercial subjects and in English, but the British Institute ceased teaching.

Technical Education. The Technical Instructor arrived early in the 874
year and soon drew up syllabuses for both primary and secondary schools which were put into operation in the third term. He also conducted evening classes for teachers and took a leading part in the Vacation Course. In addition, he drew up preliminary plans for the Technical College destined to open in 1951.

Parents' Committee. Very heavily attended meetings of parents were 871
held at four centres early in the year to elect 14 members of a committee which met every six weeks to discuss matters concerning the well-being of the primary schools. The committee proved a most useful contact between the officers of the department and the public.

Five-Year Plan. This was presented to Government in March and 658
received approval from the Secretary of State towards the end of the year. It provides for the building of three girls' schools which will embrace all stages from kindergarten to teacher-training, two more schools for boys, the Technical College and the Aden College. The latter takes the place of the Lord Lloyd College, so long talked of. The general effect is to double the places in boys' primary schools, to treble places in boys' post-primary schools, and to treble places for girls. Over the five years some 50 additional teachers will be required, but the situation at the end of the year was serious in that but one new man entered training instead of the ten needed at that stage.

HEALTH

During 1948 there was a further expansion in the activities of the 647
Medical Department, particularly in the work of the Civil Hospital.

For the first time in the history of the department, a fully equipped and 743
staffed X-ray department functioned for the whole year. Over 5,000

6:Gt. Brit. Colonial Office G-3 (1948) 1950 MM1 Aden M MI

743 X-ray examinations were performed. In previous years the annual figures for such work were in the neighbourhood of 500.

The encouraging aspect of the Civil Hospital's activities was the marked rise in female out-patient attendances, 7,447 as compared with 5,573 in 1947.

[752] The creation of the temporary post of Sister-Tutor resulted in regular training courses for the subordinate nursing staff.

The opening of a new temporary ward for male T.B. patients has increased the number of male beds from 21 to 55.

Communicable Diseases

164 *Smallpox.* There were two imported cases landed from ships. No
744 case of the other Convention diseases occurred.

Malaria. There was a sharp rise in the number of cases reported from the outlying town of Sheikh Othman. In view of this a combined search by the staff of the Public Health Department, of No. 7 R.A.F. Hospital and of the Keith Falconer Mission Hospital was instituted in that area. No evidence at all was found of anopheline breeding and it was obvious that the infection had been contracted, at any rate in the great majority of cases, outside the boundaries of the Colony.

Venereal Diseases. There was a considerable increase in the notification figures for 1948 following a drive to ensure that medical practitioners notified cases as required by the Venereal Diseases Amendment Ordinance, 1947.

The subvention to the Keith Falconer Mission Hospital for its Venereal Disease Treatment Centre was increased from £225 to £750 in order to assist the campaign against venereal disease.

A gratifying aspect of the work of the Venereal Diseases Officer was the large decrease in the number of defaulters, particularly in respect of syphilis. Hitherto the defaulting rate has been over 50 per cent. The figures for the Venereal Disease Treatment Centre in 1948 are:

	Number treated	*Number cured (clinically)*	*Defaulters*
Syphilis	1,992	1,957	35
Gonorrhoea	1,126	1,007	119
Chancroid	206	206	—
Other V.D. including Granuloma Inguinale	177	174	3

Dysentery and Typhoid. Figures for dysentery are not yet available but no untoward outbreak has occurred. The returns for typhoid and paratyphoid showed 15 cases notified, exactly the same figures as in 1947. Whereas in 1947 in seven of these cases the infection was contracted, as far as could be ascertained, in Aden, during 1948 only one case was of local origin, the remaining 14 cases were from outside the Colony.

744 *Pulmonary Tuberculosis.* The year has been marked by considerable
743 progress in the anti-tuberculosis campaign due to the full-time services

6:Gt. Brit., Colonial Office G-3 (1948) 1950 MM1 Aden MM1

of the X-ray department, an increase in hospital beds and additional staff provided by the Aden Society for the Prevention of Tuberculosis—one full time T.B. Inspector and one voluntary home visitor.

The new male T.B. Ward, the provision of 17 beds in the Jewish Emergency Hospital and the increase of beds in the T.B. Hospital, Sheikh Othman, mean that there are 100 beds for pulmonary tuberculosis patients compared with 10 in 1944.

X-ray examinations, screening or film, totalled 2,160 compared with 20 in 1944. By the end of the year another 100 cases were being treated in their own homes as compared with none in 1944. While the total of notified cases rose to 481 for the year, only 159 of these were Aden born residents. In 1944 no notifications were entered and in 1947 the number was 282.

The results of treatment continued to be satisfactory, over 40 cases being discharged during the year as fit to resume work.

The most notable advance was in the introduction of regulations whereby Government employees contracting pulmonary tuberculosis in the course of their duties were granted full-pay leave if it was considered by a Medical Board that they would benefit sufficiently from such treatment to return to work. The result has been that cases have come up for investigation at an early stage as they knew that they would receive pay throughout their course of treatment.

Of 18 Government employees so entitled, seven have been treated and resumed work, 10 are under treatment and making good progress, one has not improved. There were also two cases who elected to take gratuities and return to Somaliland Protectorate. Both have since got much worse.

These figures show that the standard of recovery is high and it is further proved by the following small but interesting figures. Since 1945 four male and two female nurses contracted pulmonary tuberculosis, of these two were sputum negative; of these cases, five are now back on full nursing duties, and the sixth case was on the point of being discharged as sufficiently well to resume work, when he had a severe mental breakdown and had to be medically boarded on this account.

Deaths from T.B. were 209 as compared with 244 in 1947.

Maternity and Child Welfare

The Maternity and Child Welfare Clinic has shown a welcome increase in attendances by the Arab community. All other communities have taken full advantage of its facilities during the last two years but Arab women have hitherto been held back by old-fashioned ideas. This prejudice is beginning to break down and this is proof that the excellent work done by this institution is now being recognised more adequately.

A gratifying addition to the already heavy routine duties of the Medical Officer and her staff of midwives was the voluntary undertaking of a course of training for local midwives, all of whom are quite untrained.

The course proved very popular and the average attendance was 31, which includes a considerable proportion of the women known to be earning their livelihood by undertaking midwifery work.

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden mm1

On an estimated basis of 100,000 population the death rate for 1949 was 16·58 per 1,000, but of the 1,658 deaths 376 occurred among immigrants, as Aden receives many sick from adjoining territories where no health services exist. 165

The Civil Hospital is the only well-equipped hospital in a large area and among both out-patients and in-patients an analysis of attendances shows that 60 per cent of those seeking treatment come from outside the Colony, the major portion being alien Yemenis who have no claim either by residence or by nationality on the social services of Aden. Their only claim is on the score of humanity, a plea which is difficult to resist for many of them have dragged themselves along for distances varying from 150 to as much as 500 miles to obtain care and attention in Aden. 743 ● 167

The various departments of the Civil Hospital showed evidence of increased activity. On the surgical side major operations exceeded 1,000, the average for previous years having been between 400 and 500. 743

Operations for diseases peculiar to women were performed by a woman medical officer. This was the first time that the services of a skilled woman surgeon were available and this innovation was particularly welcome in a territory where Muslim tradition precludes a number of women from seeking surgical treatment at the hands of male doctors. [759]

Other improvements included the establishment of a physiotherapy department and the purchase of a wide range of modern equipment for the eye department.

The opening of another ward for pulmonary tuberculosis resulted in one-third of the beds in the Civil Hospital being allocated for the treatment of this disease. The T.B. Ward at Sheikh Othman was abandoned. Plans for another ward for female T.B. patients, the gift of the Aden Society for the Prevention of Tuberculosis, were approved and its construction was begun.

During this two-year period about 42,000 Yemenite Jews passed through the transit camp on their way to Israel. While the bulk of the camp staff were recruited from Israel, the responsibility for camp sanitation and for providing specialist medical and surgical services fell on the Medical Department. 744 167

Communicable Diseases

Smallpox. Despite the importation of a number of smallpox cases and the occurrence of a smallpox epidemic in the neighbouring port of Mukalla, the disease did not spread. 164

There were two imported cases of typhus, one by sea and one by land.

Venereal Diseases. The campaign against the social diseases made steady progress while the marked reduction in the number of defaulters reported in 1948 was well maintained.

Dysentery and typhoid. The incidence of dysentery, both bacillary and amoebic but particularly the latter, showed a marked falling-off.

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden MM1

164 An important factor influencing this reduction has been the intensification of the methods of fly control.

No outbreak of typhoid occurred, all notified cases were sporadic in origin and a number of them were among recent arrivals from the interior.

Pulmonary Tuberculosis. In 1950 the total deaths from this disease amounted to 113 compared with 293 per 100,000 of population in the period 1930-44. The decrease is directly attributable to the measures taken since 1945. These include the provision of more beds—there is now one bed for each T.B. death as compared with one bed for 25 deaths in 1944; domicilary care for cases for whom no hospital accommodation could be provided ; and financial aid by the Aden Society for the Prevention of Tuberculosis to the dependants of those undergoing treatment either in hospital or at home.

The results of treatment have been encouraging, about 70 per cent of those treated in hospital have recovered sufficiently to return to work. [657] From 1948 to 1950 there were 58 Government employees admitted to hospital under the regulations granting 12 months' full-pay sick leave to T.B. sufferers. It is estimated that 80 per cent of those have resumed, or will be fit to resume, work following treatment.

Notifications of pulmonary T.B. reached the record figure of 530 in 1950. This rise was due to the ever increasing numbers of those who came to Aden from other countries attracted by the news of successful treatment. As far as the Aden born population was concerned the cases notified in 1950 showed a definite decrease as compared with 1949.

Malaria

The Colony remained completely free from malaria and the vigorous anti-mosquito campaign reduced the number of breeding places of domestic mosquitoes to the record low figure of one detected breeding place in every 5,000 houses and surroundings inspected.

165 *Maternity and Child Welfare*

For the first time in six years the infant mortality rate for 1949 showed a definite fall as opposed to a small but steady rise since 1946. Preliminary figures for 1950 show there has been a further decrease bringing the infantile mortality rate down to around 140 ; in 1944 it was 187.

748 Another advance has been the recruitment of four Home Visitors
758 to go into the homes and teach the mothers the elementary principles of infant care. Three of the Home Visitors are Muslim women and it is an achievment to have persuaded them to break with tradition and undertake outdoor work.

743 Not only have the attendances at the Maternity and Child Welfare
758 Clinic shown large increases, but the proportion of Arabian women and children reached 60 per cent of total attendances as compared with 25 per cent in 1944.

The rapidly growing demand for in-patient and out-patient care at the Clinic has created a situation which can only be met by providing increased accommodation and staff. Plans to meet these needs are under consideration.

Training

One Senior Assistant Medical Officer obtained the Diploma in Ophthalmic Medicine and Surgery (London); one attended a six months' refresher course at Edinburgh on skin and venereal diseases; and a third proceeded to Glasgow to study for a diploma in radiology

One female and one male nurse went to the United Kingdom for training. This was the first time an Arabian female nurse had been sent from Aden for training. The total number of nurses now training in British hospitals is four males and one female.

In addition two Arab males were awarded scholarships in medicine and both are studying in the United Kingdom.

VITAL STATISTICS; 1949

Population (estimated) ..	100,000
Births	2,553
Birth-rate	25·53 per thousand
Deaths	1,658 (376 non-residents included)
Death-rate	16·58 per thousand
Deaths under one year of age	413
Infant Mortality Rate (excluding imported cases) ..	158·63 per thousand live births
Still-birth rate	54 per thousand total births

Throughout the period, the Principal Medical Officer, British Forces, and his staff have rendered most valuable assistance in dealing with medical and health problems and this generous and friendly co-operation has been greatly appreciated; and without the skilled assistance of the medical staff of the Keith Falconer Mission Hospital and the Charitable Dispensaries the department would have found it impossible to meet all the demands made upon it.

HOUSING

There are four types of housing in the Colony:

(*a*) Well built bungalows or two-storied houses of European design, owned by Government or commercial firms, and occupied chiefly by Government officials and the European mercantile community.

(*b*) Well built multi-storied stone in lime mortar structures, owned by the wealthier type of merchant, most of which are owner-occupied.

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden MM1

from local Arab women who observed purdah and were, therefore, able to gain easy access to the homes of others who also observed the purdah system. 165

The maternrl mortality rate fell from 3.07 per 1,000 live and still-births in 1951 to 2.23 per 1,000 in 1952.

Diseases

Diseases attributable to water-borne infection were entirely absent because the water supply is protected and chlorinated. The cases of enteric fever or dysentery which do occur are of a sporadic nature, many of them having been infected outside the Colony. 164

The death rate from pulmonary tuberculosis showed a steady decline over previous years. In 1950 the death rate was recorded as 113 per 100,000 of the population ; in 1951 100 per 100,000 ; in 1952 84 per 100,000. During 1952 the World Health Organisation sent an international team, comprising one medical officer and one nurse, to carry out tuberculin testing of the local population below the age of 18 and to inoculate all non-reactors with B.C.G. vaccine. The team stayed in Aden for four months and tested approximately 31,000 people, of whom 7,750 non-reactors were vaccinated, approximately 14,000 were positive reactors and 8,000 or so persons failed to reappear for inspection. It is hoped to follow this visit up by asking the World Health Organisation to undertake a tuberculosis survey of the Colony. 165 648 744

The Colony remained free from malaria and the Aedes index fell to the lowest yet recorded figure of 0.007. 164

The principal causes of mortality in 1951 were :

Diarrhoea and enteritis	304
Other fevers	266
Senility	171
Pneumonia and broncho-pneumonia	147
Tuberculosis of the respiratory system	100
Congenital malformations and diseases peculiar to first year of life	94
Diseases of the heart	62
Violent or accidental deaths	66
Other diseases of the respiratory system	48

Modern treatment for these diseases is given by the Civil Hospital (350 beds) and the Church of Scotland Mission (80 beds) and, when required, generous assistance is provided by the R.A.F. medical officers stationed in Aden, both in consultative and specialist capacities. Steps have been taken to introduce the international statistical classification of diseases, injuries and causes of death so that closer comparison can be made with other countries. 743

Prevention of the diseases listed above follows the usually accepted procedures but special emphasis is placed on a purified water supply, high standard of sanitation and the necessity for legislation to control itinerant vendors of foodstuffs. Milk, either goat's or cow's, is usually boiled before use and does not constitute a grave danger in the spread of disease. 744

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden MM1

Medical and Public Health Department

647 The Medical Department is divided into three sections under the
●743 control of a Director. The three sections include a Medical Division,
744 Public Health Division and Port Health Division.

The Medical Division is responsible for the curative side and comprises a large hospital of 350 beds and three smaller dispensaries for the treatment of out-patients.

The Public Health Division is responsible principally for environmental hygiene and sanitation. In a more specialised field greater attention is being paid to tuberculosis. It is intended in the future to lay more emphasis on the prevention of tuberculosis and towards this end one of the first priorities is the recruitment of a whole-time tuberculosis officer.

Preliminary plans have been produced for the construction of a new hospital.

759 The following medical staff were in the Colony at the end of 1952 :

	Government	*Mission*	*Companies*	*Private Practice*
Director of Medical Services	1			
Medical Superintendent	1			
Medical Superintendent, Clinic	1			
Surgical Specialist	1			
Medical Officers	9	3	3	11
Assistant Medical Officers	9			
Lady Assistant Medical Officers	2			
Matron	1			
Nursing Sisters	15	2		
Dental Officer (part time)	1			
Assistant Dental Officer	1			
Nursing Orderlies	148			

Expenditure

652 Central Government capital expenditure during 1951 was estimated at £13,000 and recurrent expenditure on the whole Medical Department was estimated at £155,000.

HOUSING AND TOWN PLANNING

[161] Because the population is continually increasing, there is still a
362 serious housing shortage and it is estimated that there are 25,000 squatters' huts in the Colony. Delay over the preparation of town planning schemes held up housing development, which is now getting under way. Outline town plans for most of the areas of the Colony are almost complete.

Government has already built 524 working-class houses at Sheikh Othman, with the assistance of a 33⅓ per cent grant from Colonial Development and Welfare funds. A further 240 houses are planned for the next two years. Several of the large employers of labour have embarked on extensive housing schemes for their staff.

ADEN MM1
HADHRAMAUT MM2

sistent progress in breaking down the prejudices of the Arab community. In 1950, a venereal disease treatment center functioned in the Civil Hospital, and a second center at the mission hospital was subsidized by the government. In that year, small dispensaries were conducted in Aden by the Sudan Interior Mission and the Danish Church Mission, and two clinics were operated by private physicians. A H 743

Two small hospitals, with a combined total of 60 beds, were located at Mukalla and Ash Shihr, in Eastern Aden Protectorate, in 1950. A child welfare center was organized in Mukalla, while 15 dispensaries were active in scattered towns in the coastal region and the Hadhramaut. Eighteen dispensaries were in operation in different parts of Western Aden Protectorate.

Laboratories. The principal medical laboratory is that of the Civil Hospital at Crater, in Aden township. It is equipped for the performance of clinical, serologic and microscopic examinations. Clinical laboratory facilities are also available at the mission hospital. A 742

Schools. There are no schools for the training of medical personnel, but government scholarships are provided for professional study and for postgraduate work at schools in the eastern Mediterranean countries or in the United Kingdom. A H 874 658

In 1948, a course designed to improve the standards in midwifery was started at the Maternity and Child Welfare Clinic at Crater. Practical training in nursing is given to men and to a limited number of girls at the Civil Hospital. The Keith Falconer Mission Hospital undertakes the training of medical assistants for work in the dispensaries in Western Aden Protectorate.

Personnel

Physicians. The number of civilian physicians practicing in the Colony totaled 26 in 1950. Nine medical officers and 13 assistant medical officers were affiliated with the Medical and Health Department of the H A 959

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ADEN 1941
HADHRAMAUT 1942

75 per cent in Shuqra. In most localities, the infection rates ranged from 27 to 88 per cent among children under 15 years of age and from zero to 48 per cent in persons over 15 years of age. The Fadhli and the Abdali tribal districts were the most seriously affected regions visited. H 164 659

Diseases of the Skin. Favus, ringworm and other mycotic skin infections are widely distributed. Madura foot is common in the Protectorate, and cases are seen in the Colony hospitals each year among patients from the interior. Phagedenic ulcers are responsible for considerable disability among laborers in the Colony and in all parts of the Protectorate. Several thousand cases are treated each year in the hospitals and the dispensaries in Aden Colony, where they are usually designated as "Yemen ulcers." The ankle is the most frequent site of infection, and amputation is often necessary in neglected cases. A H 164 167 A 758

Scabies and impetigo are prevalent, especially among the children of inland towns and villages who live under congested, insanitary conditions. By contrast, surprisingly few cases of scabies are encountered among the children seen in the schools in Aden township. A H 164 511 515

Leprosy. Leprosy is endemic in the Protectorate, but no indigenous cases have been reported from the Colony within recent years. The infection is probably not extensive, although foci of the disease are known to exist in the Hadhramaut and in the Lahej, the Dhala' and the Abyen areas in the western protectorate. As lepers are not discriminated against socially, some difficulty is encountered in controlling the movement of infected individuals in the Colony. A small leper hospital is located at Sheikh Othman: it receives patients not only from Aden territory but also from Yemen. Eighteen of the 29 patients in residence in 1939[18] were open nodular or lepromatous cases. A H 164 743 164 193

Other Infections. Tetanus is endemic, but reported cases are rare. A H 164

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ADEN MMI
HADHRAMAUT MM2

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744 Responsibility for the health of the people in the Colony resides in its Medical and Health Department, which is administered by a Director of Medical Services, with headquarters in Aden. There are no organized public health services in the Protectorate. Medical facilities are supported mainly by the British authorities in Western Aden Protectorate and by the local
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743 rulers in Eastern Aden Protectorate. As of 1950, there were 4 hospitals, with an aggregate capacity of about 600 beds, in the Colony which served the local residents and accessible portions of the Protectorate. In addition, several government, mission or private dispensaries, 2 venereal disease treatment centers and a maternity and child
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743 welfare clinic were in operation. The Protectorate facilities included 2 small hospitals, a child welfare center and 15 dispensaries in Eastern Aden Protectorate: 18 dispensaries in Western Aden Protectorate.

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812 Water supplies are scarce throughout this region, except in portions of the western highlands. The water supply for the Colony is derived from boreholes and treated by chlorination. Supplies in the Protectorate are obtained from streams, springs, wells
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364 or rain-water cisterns. The methods of sew-
744 age disposal are primitive in the Colony, as well as in the Protectorate. Limited sanitary controls over the production and the distribution of foodstuffs exist only in THE COLONY.

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